BULLETIN OF
THE NEW YORK ACADEMY
OF MEDICINE

VOL. 62, NO. 1 JANUARY-FEBRUARY 1986

INTRODUCTION*

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DURING the 1970s all sorts of illnesses afflicted the body politic. I sum them up in our philosophic acceptance of the ideas of "survival" or "hunkering down." It is very easy for those of us of the liberal persuasion to attribute the cause of our illnesses to the rise of conservative doctrines. But I see the crumbling of Camelot and the vanishing of our dreams of a Great Society as a consequence of our own drift away from the concept of the public interest, a concept that gives majesty to the role of government. Instead, we moved with increasing comfort to the dingy doctrines of pluralism and political bargaining, in which government, instead of being sovereign, has become just another player at the gaming table.

However, the comfort could last only so long as a growing and productive economy created an increasing pie, in which all parties at interest could share. But with the inevitable slowdown in growth, counteractions set in on many fronts until we find ourselves with today's phenomena of groups and

*Presented as part of the 1985 Annual Health Conference, *The Role of Government in Health Care: A Time for Reappraisal*, held by the Committee on Medicine in Society of the New York Academy of Medicine May 2 and 3, 1985.

individuals fighting for their "piece of the action" and no group inquiring into the public interest.

As public policy for health, under both Democratic and Republican administrations, developed a focus riveted upon the rising costs of health care, increasing attention was directed to the role of the private sector. Last year our Annual Health Conference took a good look at the New Entrepreneuralism in health care and at the pros and cons of for-profit medicine. This year we shift ground for a too-long delayed political stock-taking. Recognizing a $200 billion federal budget deficit and a $100 billion-plus Medicare/Medicaid program, we see that government is still the dominant force in framing the outlook for health care in the United States.

After 50 years of steady, if spasmodic, expansion of the role of government, it is time that we renew our understanding of the essential role in health care of government, federal and state; that we frankly appraise what government has accomplished and what it has failed to accomplish; and that we be clear on the continuing agenda for the world of politics. Above all, we must not be so enthralled by the Reagan and other revolutions that we forget to provide for the vulnerable and the uncovered, groups which so engaged our interest in the 1960s and 1970s. We must, therefore, deal with some cardinal rules of the game of health politics and see whether these rules best apply at the federal or the state level.

Even a casual reading of the literature would tell us that this conference ought to cast light upon the dark shadows of public policy for health care and give us a sense of the continuing role of government in this field. Lester Thurow maintains that if we learn to say "no" only through a market environment, we shall be left ethically impoverished because the market will lead to unequal distribution of health care.[1] But if the market is inadequate, what is the alternative? Norman Levinsky argues that the physician's master is and can be only the patient. He places squarely on the political process the responsibility to ration health care.[2] Yet, while he sees the inevitability of more restricted resources, Victor Fuchs sees the "rationing" of medical care as proceeding through a variety of group processes in health organizations in which the governmental role is less than clear.[3] Perhaps we can tell Carl Schramm not to be so pessimistic about the group conflicts inherent in pluralism and answer "yes" to his question, "Can we solve the hospital-cost problem in our democracy?"[4]

An affirmative answer implies affirmation of a necessary and perhaps dominating role of government to choose among alternatives and to define the public interest as a unique interest which is much more than just the reflection of some convenient political bargain.

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